		EXPENSE CLAIM . 9/2007)				structions ment On l						iof	· 1 . Pag		
	ANT'S NA						SSN or EMPLOYEE NUMBER*					RTMENT		363	
Stev	e Spea	ars									CalHFA				
POSITI		· · · · · · · · · · · · · · · · · · ·	СВЛО No. EX				DIVISION OF BUREAU Executive Office				-I		INDEX NU	MBER	
		ecutive Director											1000		
RESIDENCE ADDRESS *						l l	HEADQUARTERS ADDRESS					TELEPHONE NUMB			
				STATE ZIP CODE .				1415 L Street, Suite 500				(916) 324			
CITY			STATE ZIP CODE				Sacramento				STATE CA			ZIP GODE 95814	
-	MALWO	ork Hours :00	i.			(2)) PRIVATE V	VEHICLE LIC	ENSE NU	MBER	(3) MI 0.55	LEAGE RATE	CLAIMED		
(4) month/year Mar 09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(B)	MEALS	107.17	(9) /T, LO. INCIDEN-	L		TRANSPORTA			(11)	(12)	
				BREAK-		O.T., L/T, N/C, RELO.		(A) COST OF	(B)	(C) CAR <u>FARE,</u>	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
DATE		TTENE INDUITION	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	EXPENSE		
2/27	6:00	Sac to Burbank/ Burbank to Sac		6.00					PC		24.00	13.20		. 19.20	
3/10	7:00	San Francisco		6.00)				a	8.00	85.00	46.75		60.75	
				The second secon					-			0.00	,	0.00	
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	s	SUBTOTALS	0.00	12.00	0.00	0.00	0.00	0.00	•	8.00	109.00	59.95	0.00	79.95	
COL		GUE (ACCIG: USEONE	Media Ex												
· .		CLAIM TOTAL											•	\$79.95	
27/0 10/0 etin	9: Vis 9: Mil g rega	FTRIP, REMARKS AND DETAILS it CalHFA Culver City leage to and from Feder arding community stabi lls for Bay Bridge and (office ~ Atte al Reserve E lization (Cal	end staff i Bank of Sa HFA Con	neeting in Franci nmunity	sco ~ Eni Stabilizat	terprise tion Hor	Housing/ ne Loan i	LISC I Progra	Panel and m)	PAID BY	REVOLVING 2586 4/1	ENDY FUND CHEC		

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See